

## **Group Hospital Indemnity Insurance** (applicable to policy series: A CA6500-MP)

The Hospital Indemnity plan helps members cut down on out-of-pocket health related costs.

The Hospital Indemnity plan provides benefits which:

- Make routine healthcare services, hospital stays and emergencies more affordable for those that cannot afford or do not have easy access to major medical or basic healthcare coverage's.
- Supplements and pays in addition to any existing health insurance coverage by providing additional indemnity benefits to assist with the out-of-pocket expenses associated with sickness or injury.

### **Hospital Indemnity Plan Features:**

- **Guaranteed Issue—No Health Questions Asked!**
- This plan has **NO** Pre-existing condition exclusion, **EXCEPT** Pregnancy. Pregnancy is **ONLY** covered if conception occurred **AFTER** the effective date.
- Provides benefits for expenses due to a covered injury or sickness
- Benefits are paid directly to you (unless you assign them to the doctor or hospital)
- Supplements and pays in addition to any other insurance program—no coordination of benefits.
- Available for members, spouse, and/or dependent children
- Three levels of coverage are available to meet your individual needs and budget



# Group Hospital Indemnity | Underwritten by AFLAC

## Benefits:

	STANDARD	PREMIER	OPTIMUM
<b>Physician Office/Hospital Emergency Room Visit (per visit)</b> Pays amount shown if you have treatment as the result of a covered sickness for Physician's charges, Laboratory fees, X-rays and Injections/Medications.	<b>\$70</b> (8 visits a year)	<b>\$100</b> (12 visits a year)	<b>\$100</b> (12 visits a year)
<b>Hospital Confinement (per day)</b> When a covered person is confined within 6 months as a resident bed patient as the result of injuries received in a covered accident or because of a covered sickness; maximum of 30 days per year.	<b>\$500</b>	<b>\$700</b>	<b>\$1,000</b>
<b>Hospital Admission</b> This benefit is payable in the amount shown when you are admitted to the hospital and confined as a resident bed patient within 6 months because of injuries received in a covered accident or because of a covered sickness.	<b>\$500</b>	<b>\$1,000</b>	<b>\$2,000</b>
<b>Intensive Care Benefit (per day)</b> Up to 30 days per calendar year, if confined within 6 months due to covered accident or sickness.	<b>\$500</b>	<b>\$700</b>	<b>\$1,000</b>
<b>Surgical Benefit (up to)</b> Benefits paid for a surgical procedure as listed in the Surgical Schedule as a result of a covered accident or sickness. Anesthesia benefit is 25% of Surgical Benefit. If two or more surgical procedures are performed at the same time through the same or different incisions, only one benefit, the largest, will be provided.	<b>\$1,000</b>	<b>\$2,000</b>	<b>\$5,000</b>
<b>Outpatient Diagnostic Lab (per test)</b> 3 tests per calendar year. We will pay the amount shown for tests performed in an Outpatient Lab because of a covered sickness or injuries received in a covered accident. We will pay no more than 3 tests annually for each insured.	<b>\$150</b>	<b>\$250</b>	<b>\$300</b>
<b>Outpatient Diagnostic Tests</b> We will pay the amount shown for the following diagnostic procedures performed on an outpatient basis because of a covered sickness or injuries received in a covered accident: • Magnetic Resonance Imaging (MRI) • Computed Axial Tomography (CAT Scan) • X-ray We will pay no more than the amount shown per calendar year for each insured due to the above outpatient diagnostic procedures.	<b>\$100-MRI</b> <b>\$100-CT</b> <b>\$20-X-ray</b> up to <b>\$500</b>	<b>\$200-MRI</b> <b>\$200-CT</b> <b>\$40-X-ray</b> up to <b>\$1,00</b>	<b>\$300-MRI</b> <b>\$300-CT</b> <b>\$60-X-ray</b> up to <b>\$1,500</b>
<b>Outpatient Accident Expense (per accident—up to)</b> If you are injured in a covered accident and receive treatment in an outpatient facility from a physician within one year after the accident, we will pay up to the amount shown for actual expenses related to: emergency room services and supplies; appliances; physician services.	<b>\$500</b>	<b>\$500</b>	<b>\$500</b>
<b>Wellness Benefit</b> We will pay the benefit shown when you visit a doctor and are neither injured nor sick.	<b>\$100</b>	<b>\$150</b>	<b>\$200</b>
<b>Group Term Life (policy form series CAI9100TX)</b> Term life covers member, spouse and children. Member: \$10,000 Spouse: \$5,000 Children: \$2,500.	<b>included</b>	<b>included</b>	<b>included</b>
<b>Critical Illness Rider</b> First occurrence lump-sum benefit payable upon diagnosis of a covered critical illness. The critical illness benefit is payable only once during the insured's lifetime. Conditions include: Cancer, Heart Attack, Stroke, End Stage Renal Failure, Organ Transplant. The spouse coverage benefit is 50 % of the members benefit and dependent children coverage benefit is 25% of the members benefit.	<b>\$5,000</b>	<b>\$7,500</b>	<b>\$10,000</b>

**THIS IS NOT BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE AND IS NOT DESIGNED AS A SUBSTITUTE FOR BASIC HEALTH INSURANCE OR MAJOR MEDICAL COVERAGE.**

# Additional Benefits | Available through Consumer Direct Association of America

<b>Benefits:</b>	<b>STANDARD</b>	<b>PREMIER</b>	<b>OPTIMUM</b>
<b>Prescription Drug</b> <ul style="list-style-type: none"> <li>■ \$15 generic co-pay plan</li> <li>■ Brand drugs are discount only.</li> <li>■ See plan enhancement on next page for complete review.</li> </ul>	<b>included</b>	<b>included</b>	<b>included</b>
<b>Networks-Galaxy Beechstreet</b> The Physician Visit/Hospital Network provides discounts on healthcare services at physicians' offices and hospitals. Save 10% to 40% at over 285,000 providers throughout the country, including family physicians, specialist, alternative care providers, facilities and hospitals.	<b>included</b>	<b>included</b>	<b>included</b>
<b>TelaDoc™</b> TelaDoc is a national network of board certified physicians providing telephonic cross coverage consultations 24/7 when your primary care physician is not available. Consulting physicians use electronic health records (EHRs) to diagnose routine medical problems, recommend treatment and may prescribe short-term, non DEA controlled prescriptions, when appropriate. Members simply make a phone call and in most cases, speak to a physician in about 30 minutes (3 hours guaranteed). <b>TelaDoc™ Disclaimers:</b> TelaDoc does not replace the primary care physician. TelaDoc is not available in Oklahoma. TelaDoc does not guarantee that a prescription will be written and operates subject to state regulations. TelaDoc does not prescribe DEA controlled substances. TelaDoc physicians reserve the right to deny care for potential misuse of services. TelaDoc, Inc. © 2002-2010	<b>\$0 consult</b>	<b>\$0 consult</b>	<b>\$0 consult</b>
<b>Patient Advocacy \$2500 threshold</b> Medical Health Advisor helps members more easily navigate the complexities of the healthcare and insurance systems. Members can call a toll-free number and talk to their own Personal Health Advocate who helps work with them to resolve issues and problems that they encounter.	<b>included</b>	<b>included</b>	<b>included</b>
<b>Hearing</b> Free hearing test and save 15% on over 70 models of hearing aids at over 1,350 retail locations. Save 40% to 60% on over 100 makes and models of hearing aids through the mail order service.	<b>included</b>	<b>included</b>	<b>included</b>
<b>Travel Assist</b> Access a worldwide network of medical and travel assistance personnel and emergency evacuation benefits when suffering illness or injury over 100 miles from home (not available to CT, OR, FL or WA residents).	<b>included</b>	<b>included</b>	<b>included</b>

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# Plan Enhancements | Prescription Drug & GTL

The Generic Rx Plan outlined below is included with the Group Hospital Indemnity Plan when selected.

## A FULLY INSURED OUTPATIENT PRESCRIPTION DRUG CARD (State Specific)

Managed by **IDEALSCRIPTS**

The Group Hospital Indemnity Plans include this separate Co-Pay plan for outpatient generic prescription drugs purchased at participating pharmacies. The Ideal Scripts Plan utilizes an affordable generic formulary with a preferred drug list. The formulary is a list of all products available at one co-pay level. The preferred drug list contains generic products available at the co-pay level. Choose from over 50,000 pharmacies nationwide to provide you with broad access to pharmacy services. Please see the Plan Enhancements page for a list of covered services, weekly rates and states covered by the plan (Rx card not available in all states.) This is only a summary, please see the IdealScripts page for full details of the benefits.

### Blue States—Rx underwritten by Fidelity Security Life Insurance Company, managed by IdealScripts

\$15.00 Co-Pay For Generic Formulary  
\$1,000 Maximum Per Calendar Year

### Red States—Rx underwritten by Companion Life Insurance Company, managed by IdealScripts

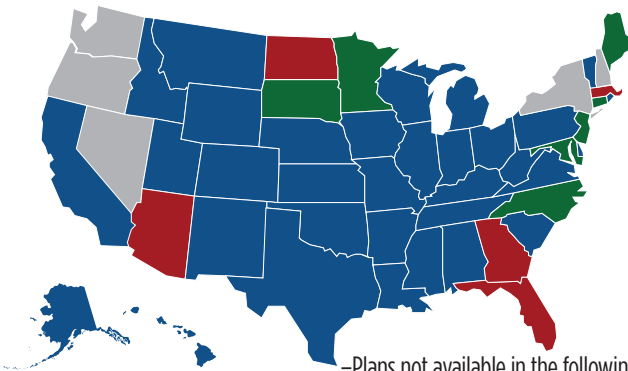
\$15.00 Co-Pay for Generic Formulary or 50% whichever is greater  
\$50.00 Deductible  
\$2400 Maximum Per Calendar Year/ \$200 Maximum Per Month

The Plan includes a separate Co-pay plan for outpatient generic prescription drugs purchased at participating pharmacies. The IdealScripts plan, utilizes an affordable generic formulary with a preferred drug list. The formulary is a list of all products available at one co-pay. The preferred drug list contains generic products available at lower co-pay levels.



### IdealScripts services include:

- Claims Adjudication
- National Pharmacy Networks
- Mail Order Services
- Online Reporting
- Internet Pharmacy Services
- Customer Service Center
- Preferred Drug Lists
- Clinical Services
- Querying Capabilities
- Coverage Levels vary by state



### Green States Group Term Life (GTL)

underwritten by Continental American Insurance Company

- Provides \$20,000 of Term Life Coverage for Members
- Coverage is Guaranteed Issue in states where RX is not available)

–Plans not available in the following states: NY, NV, NH, WA, and OR.

# Group Hospital Indemnity Insurance | Underwritten by AFLAC

MONTHLY PREMIUMS	STANDARD	PREMIER	OPTIMUM
Member	\$139.99	\$194.61	\$257.58
Member and Spouse	\$243.26	\$347.97	\$467.46
Member and Children	\$211.43	\$287.21	\$363.86
Member and Family	\$311.72	\$438.27	\$568.79
WEEKLY PREMIUMS	STANDARD	PREMIER	OPTIMUM
Member	\$32.31	\$44.91	\$59.44
Member and Spouse	\$56.14	\$80.30	\$107.88
Member and Children	\$48.79	\$66.28	\$83.97
Member and Family	\$71.94	\$101.14	\$131.26

Premiums include insurance and non-insurance products (breakout available upon request). Voluntary rates shown.

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